

TOWN OF BUCKEYE BOARDS AND COMMISSIONS APPLICATION

Please Note: Volunteers selected to serve will be required to submit to a background records check. NAME: DISTRICT: Last First ADDRESS CITY, STATE ZIP HOME PHONE and/or CELL PHONE # PLACE OF EMPLOYMENT & PHONE # AM/PMBEST TIME TO CALL (CIRLCE ONE) FAX or PAGER # EMAIL ADDRESS WEB ADDRESS (if any) **BOARD AND COMMISSION PREFERENCE(S)** If interested in more than one, please indicate order of preference, i.e. 1st, 2nd, 3rd, ect. ☐ Airport Commission ☐ Cemetery Advisory Board ☐ Public Safety Retirement Board (Fire) ☐ Buckeye Pollution Control Board ☐ Public Safety Retirement Board (Police) ☐ Planning & Zoning Commission ☐ Social Services Advisory Board ☐ Library Board ☐ Parks and Recreation Board

PAR'	ΓΙ				
If appointed, how much time are you able to devote to the Board/Commission?					
	# of Hours per Week # of Hours per Month				
D 4					
	neeting days/times? (Please \(\sqrt{all that apply} \)				
	Mon □ Tues □ Wed □ Thurs □ Fri □ Days □ Eves				
How le	ong have you been a resident of Buckeye? Years Months				
You must be a valid registered voter in Buckeye to be appointed to serve on certain Boards/Commissions. Are you a valid registered voter in Buckeye?					
1.	What civic activities have you been or are now involved in?				
2. Please tell us why you wish to be appointed to a Town Board or Commission.					
3.	Are you now serving or have you ever served on a Board/Commission for the Town of Buckeye? If so, please indicate the Board(s)/Commission(s) and the dates served.				
4.	Give any qualifications, education or experience you have which may pertain to the requested Board(s)/Commission(s).				
Additio	onal Comments:				

PAF	PART II			
1.	Provide details regarding any education you may hor commission you would like to serve on.	nave had that pe	rtains to any of the boards	
2.	If you are certified in areas relating to the boards of please provide detailed information, including date ALL APPLICABLE CERTIFICATIONS.	or commissions y	you would like to serve on . ATTACH COPIES OF	
3.	Have you ever served on a committee? If yes, pleas	se provide detail	ls.	
4.	Are you familiar with Robert's Rules of Order?	□ Yes	□ No	
5.	Have you taken any additional training that may be specific to the Town Board(s) or Commission(s) of which you have indicated an interest?			
	SIGNATURE		DATE	

If you have a current resume and/or any certificates that may be applicable to the Board(s)/Commission(s) of which you have indicated an interest, please attach to your completed application and return to:

Town of Buckeye 1101 E. Ash Avenue Buckeye, Arizona 85326 623-349-6011

FOR OFFICE USE ONLY						
BOARD / COMMISSION						
NEW APPOINTMENT	UNDERFILLING TERM	NAME OF MEMBER REPLACED				
DATE APPOINTED	TERM EXPIRATION _	RESOLUTION NUMBER				
DATE RE-APPOINTED	TERM EXPIRATION	RESOLUTION NUMBER				
DATE OF RESIGNATION BOARD /	ON (if applicable)					
COMMISSION NEW APPOINTMENT	UNDERFILLING TERM	NAME OF MEMBER REPLACED				
DATE APPOINTED	TERM EXPIRATION	RESOLUTION NUMBER				
DATE OF RESIGNATI	ON (if applicable)					
FROM:						
20060315						